

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747197 (2)
1. Corporation Name
KEYS HOSPITAL FOUNDATION, INC.



Principal Place of Business
**50 HIGH POINT ROAD
TAVERNIER FL 33070**

Mailing Address
**50 HIGH POINT ROAD
TAVERNIER FL 33070**

3. Date Incorporated or Qualified
05/16/1979

3a. Date of Last Report
04/03/1995

4. FEI Number
59-1987355

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

**ROBERT H. LUSE
50 HIGH POINT RD.
TAVERNIER FL 33070**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HERSHOFF, JAY	
STREET ADDRESS	50 HIGH POINT ROAD	
CITY - ST - ZIP	TAVERNIER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, DAVID	
STREET ADDRESS	50 HIGH POINT ROAD	
CITY - ST - ZIP	TAVERNIER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REGAN, CHARLEN	
STREET ADDRESS	50 HIGH POINT RD	
CITY - ST - ZIP	TAVERNIER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OTTO, HANS	
STREET ADDRESS	50 HIGH POINT RD	
CITY - ST - ZIP	TAVERNIER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHONEY, JOANNE F.	
STREET ADDRESS	50 HIGH POINT ROAD	
CITY - ST - ZIP	TAVERNIER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSH, BLAKELY	
STREET ADDRESS	50 HIGH POINT ROAD	
CITY - ST - ZIP	TAVERNIER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)